

**CITY OF ALIQUIPPA
BEAVER COUNTY, PENNSYLVANIA**

APPLICATION FOR OCCUPANCY PERMIT

**TO: City Zoning Officer
581 Franklin Avenue
Aliquippa, PA 15001**

APPLICATION NO. _____

Applicant Name: _____

Mailing Address: _____

Telephone No: _____

hereby applies for a permit to occupy or use the premises located at:

**Name of
business** _____

Owner's name (if other than applicant) _____

Business telephone # _____

Beaver County parcel no. _____

Zone Classification:

1. _____ **R-1 Single Family Dwelling**
2. _____ **R-2 General Residential**
3. _____ **R-3 Multi-Family Residential**
4. _____ **C-1 Central Business District Commercial**
5. _____ **C-2 Community Commercial**
6. _____ **C-3 Highway Commercial**
7. _____ **C-4 Limited Commercial**
8. _____ **TO Transition Overlay**
9. _____ **I Industrial**
10. _____ **IS2 Industrial Service District**
11. _____ **C Conservation**
12. _____ **IE Institution Educational**

Type of Occupancy Permit:

1. _____ Occupancy of a new building
2. _____ Occupancy and use of a building moved or altered so as to require a building permit
3. _____ Change in the use of an existing building other than to a use of the same type.
4. _____ Occupancy and use of unimproved or vacant land
5. _____ Change in the use of land except to another use of the same type
6. _____ Any change in use of a nonconforming use to a conforming use.

**Proposed
use** _____

Building Permit required _____ Yes _____ No

Building Permit was required. Identify Building Permit Number issued _____

Building Permit was required. Identify date Construction was completed _____

Inquires will be directed to Applicant unless otherwise requested.

If Building Permit was issued, a copy of the plan showing location and size of the lot or parcel of ground, the size of construction as built and all other improvements upon land, the set-back distance from the street upon which the lot stands, the side yard and rear set-backs, the location and area of the on-lot sewage disposal system, including sizes, quantities specifications of septic tank and drainage pipe must be submitted.

If more space is required, attach a separate sheet to this application and make specific reference to the question being answered.

Date of Application: _____

Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

Date Application filed with City: _____

FOR USE BY ZONING OFFICER

Building Permit No. _____ Issued _____, 200__.

Date construction completed _____, 200__.

Does the construction appear to comply with the height, yard and area requirements of the Zoning Ordinance and the Building set-back Ordinance?

Yes _____ No _____

Explain: _____

Is the proposed occupancy a permitted use under the Zoning Ordinance?

Yes _____ No _____

Explain: _____

ACTION:

_____ **APPROVED** Occupancy Permit No. _____ Issue Date _____, 200__.

_____ **DENIED**

Reason for denial: _____

Date of decision _____, 200__. _____
Zoning Officer

NOTICE TO APPLICANT: if this application is not approved by the Zoning Officer, you may within thirty (30) days after notice of his or her decision, appeal to the City of Aliquippa Zoning Hearing Board. Forms for this purpose may be obtained from the City Administrator at the City Building, 581 Franklin Avenue, Aliquippa, PA 15001.

Date Decision filed with City Administrator: _____, 200__.

Date decision mailed to Applicant: _____, 200__.

CITY ADMINISTRATOR